

JUN 29 2001
PATENT & TRADEMARK OFFICECOMBINED DECLARATION AND POWER OF ATTORNEY
IN ORIGINAL APPLICATION

#3

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled SYSTEMS AND METHODS FOR COLLECTING LEUKOCYTE REDUCED BLOOD

COMPONENTS, INCLUDING PLASMA THAT IS FREE OR VIRTUALLY FREE OF CELLULAR BLOOD SPECIES,
the specification of which

(check one) is attached hereto.

was filed on March 27, 2001 as

Application Serial No. 09/818,486

and was amended on n/a
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

| Prior Foreign Application(s) | | | <u>Priority Claimed</u> | |
|------------------------------|-----------|------------------------|-------------------------|----|
| (Number) | (Country) | (Day/Month/Year Filed) | YES | NO |

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I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

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| Michael C. Mayo | Reg. No. | 38,545 |
| Daniel D. Ryan | Reg. No. | 29,243 |
| Bradford R. L. Price | Reg. No. | 29,101 |
| Amy L. H. Rockwell | Reg. No. | 32,094 |

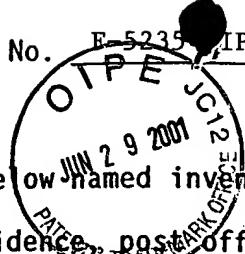
Address all telephone calls to Michael C. MayoAt telephone no. (847) 270-2826.Address all correspondence to BAXTER HEALTHCARE CORPORATION

Route 120 & Wilson Road, Round Lake, Illinois 60002

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| | | |
|---|-------------------------------|------------------------|
| <u>) Full Name of Sole or First Inventor</u> | <u>) Inventor's Signature</u> | <u>) Date</u> |
| <u>) Daniel Lynn</u> | | |
| <u>) Residence</u> | <u>) Citizenship</u> | |
| <u>) Spring Grove, Illinois 60081</u> | | <u>) United States</u> |
| <u>) Post Office Address</u> | | |
| <u>) 9107 Alamonte Drive,</u> | | |
| <u>) Full Name of Second Joint Inventor, if any</u> | <u>) Inventor's Signature</u> | <u>) DATE</u> |
| <u>) Phillippe Van Heems</u> | | <u>) Van Heems</u> |
| | | <u>) 21/05/2001</u> |
| <u>) Residence</u> | <u>) Citizenship</u> | |
| <u>) LaChatre France</u> | | <u>) France</u> |
| <u>) Post Office Address</u> | | |
| <u>) 6, Place de l'Abbaye, F-36400</u> | | |
| <u>) Full Name of Third Joint Inventor, if any</u> | <u>) Inventor's Signature</u> | <u>) DATE</u> |
| <u>) Tat Mui</u> | | |
| <u>) Residence</u> | <u>) Citizenship</u> | |
| <u>) Chicago, Illinois 60660</u> | | <u>) United States</u> |
| <u>) Post Office Address</u> | | |
| <u>) 1463 Victoria</u> | | |
| <u>) Full Name of Fourth Joint Inventor, if any</u> | <u>) Inventor's Signature</u> | <u>) DATE</u> |
| <u>) Jean-Claude Bernes</u> | | |
| <u>) Residence</u> | <u>) Citizenship</u> | |
| <u>) Faimes, Belgium</u> | | <u>) Belgian</u> |
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| <u>) Rue de la Vallee, 8, B4317</u> | | |
| <u>) Full Name of Fifth Joint Inventor, if any</u> | <u>) Inventor's Signature</u> | <u>) DATE</u> |
| <u>) Robert De Vos</u> | | |
| <u>) Residence</u> | <u>) Citizenship</u> | |
| <u>) Lillois-Witterzee, Belgium</u> | | <u>) Belgian</u> |
| <u>) Post Office Address</u> | | |
| <u>) Av. Du Sabotier, 27, B1428</u> | | |
| <u>) Full Name of Sixth Joint Inventor, if any</u> | <u>) Inventor's Signature</u> | <u>) DATE</u> |
| <u>) Jean-Marie Mathiäs</u> | | |
| <u>) Residence</u> | <u>) Citizenship</u> | |
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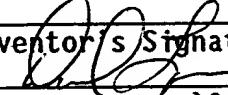
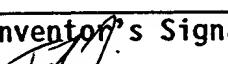
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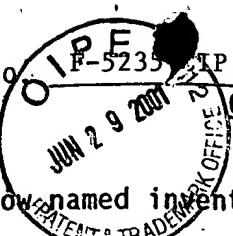
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| Post Office Address } 1463 Victoria | | |
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